

Patient Medical History Assessment**Name:****Cardiac Problems**

None

Heart Attack
 Angina
 High Cholesterol
 Murmur
 Bypass Surgery
 Stents
 Poor Circulation
 Irregular Heart Rhythm
 High Blood Pressure

Drug Allergies

None

Drug Name:
 Reaction:

Neurological Conditions

None

Epilepsy
 Balance Problems
 Strokes
 Fainting
 Spine Surgery

Lung Conditions

None

Asthma
 Emphysema
 Sleep Apnoea
 Pulmonary Embolus

Skin Problems

None

Dermatitis
 Psoriasis
 Slow To Heal
 Recurrent Infections

Gastric Conditions

None

Heartburn/Reflux
 Colitis
 Incontinence

Bleeding Disorders

None

Clots
 Easy To Bruise
 Nosebleeds

Diabetes

No

Insulin Controlled
 Diet Controlled
 Tablet Medication

Smoking

Never
 Quit
 Yes

Year
 Amount

Thyroid Disorders

No

Underactive
 Overactive

Alcohol

Yes No

Drinks per week

Urinary/Kidney Problems

None

Infections
 Prostate Problems
 Kidney Stones
 Incontinence

Cancer

None

Type:
 Current Treatment:

Infections

None

Hepatitis
 HIV/AIDS
 Other

Blood Thinners

None

Warfarin
 Aspirin
 Plavix
 Pradaxa
 Xarelto
 Other

Medications:

None